

(c) As used in this section:

- (1) 'Closed formulary' means a list of prescription drugs and devices reimbursed by the insurer that excludes coverage for drugs and devices not listed.
- (1a) 'Health benefit plan' has definition provided in G.S. 58-3-167. ~~means an accident and health insurance policy or certificate; a nonprofit hospital or medical service corporation contract; a health maintenance organization subscriber contract; a plan provided by a multiple employer welfare arrangement; or a plan provided by another benefit arrangement, to the extent permitted by the Employee Retirement Income Security Act of 1974, as amended, or by any waiver of or other exception to that Act provided under federal law or regulation. 'Health benefit plan' does not mean any plan implemented or administered by the North Carolina Department of Health and Human Services or the United States Department of Health and Human Services, or any successor agency, or its representatives. 'Health benefit plan' also does not mean any of the following kinds of insurance:~~
 - a. ~~Accident.~~
 - b. ~~Credit.~~
 - c. ~~Disability income.~~
 - d. ~~Long term care or nursing home care.~~
 - e. ~~Medicare supplement.~~
 - f. ~~Specified disease.~~
 - g. ~~Dental or vision.~~
 - h. ~~Coverage issued as a supplement to liability insurance.~~
 - i. ~~Workers' compensation.~~
 - j. ~~Medical payments under automobile or homeowners.~~
 - k. ~~Hospital income or indemnity.~~
 - l. ~~Insurance under which benefits are payable with or without regard to fault and that are statutorily required to be contained in any liability policy or equivalent self insurance.~~
- (2) 'Insurer' has the meaning provided in G.S. 58-3-167. ~~means an entity that writes a health benefit plan and that is an insurance company subject to this Chapter, a service corporation organized under Article 65 of this Chapter, a health maintenance organization organized under Article 67 of this Chapter, or a multiple employer welfare arrangement under Article 49 of this Chapter.~~
- (3) 'Restricted access drug or device' means those covered prescription drugs or devices for which reimbursement by the insurer is conditioned on the insurer's prior approval to